

# SYLVIE RATELLE STD/HIV PREVENTION TRAINING CENTER OF NEW ENGLAND STD LABORATORY COURSES

NAME AND ADDRESS OF APPLICANT (PLEASE TYPE OR PRINT CLEARLY)			
(Dr., Mr., Mrs., Ms., or Miss)		(First)	(MI)
(Last)			
Position Title	Length of Time in Profession	Certification/Specialty	
Employer's Name		Your email address	
Your Home Mailing Address			
City	State	Zip Code	
Telephone Number where you can be reached. Important!!!!!!	Work: Home:	Fax: Other:	
STAINED SMEARS Please X date of your choice		<input type="checkbox"/> March 25, 2008 8:30am-2:30pm <input type="checkbox"/> October 16, 2008 8:30am-2:30pm	
_____ Signature of Applicant		_____ Date	
<b>OCCUPATION</b> <b>(Circle one number)</b>  30 Physician 30 Veterinarian 30 Dentist 30 Laboratorian 30 Nursing 30 Sanitarian 30 Industrial Hygienist 30 Administration 30 Water Treatment Operator 30 Engineer 30 Safety Professional 30 Other _____		<b>TYPE OF EMPLOYER</b> <b>Please review all categories before circling appropriate one</b> <b>(circle one number)</b>  01 State and Territorial Health Department 30 Other State and Territory Employer 30 Local, City or County Health Department 30 Other Local Government Employer 30 CDC- State and Local Assignees 30 Other CDC Employer 30 Indian Health Service 30 USPHS Hospital 30 US Food and Drug Administration 30 Other DHHS Employer 30 US Department of Defense 30 Veterans Administration Hospital 13 US Department of Agriculture 14 US Department of Labor 30 Other Federal Government Employee 30 Foreign Employer 30 Private/Community Hospital 30 Voluntary Health Agency 30 College/University 30 Organized Labor 30 Private Industry 30 Self-employed 30 Private Clinical Laboratory 30 Physician Office Laboratory/Group Practice 30 Hospital - State Funded 30 Hospital - City/County Funded 30 State University 30 Health Maintenance Organization 30 Blood Bank 30 Other _____	
<b>EDUCATIONAL LEVEL</b> <b>(Circle Highest Level Attained)</b>  30 Some High School 30 High School Graduate 30 Some College 30 Associate's Degree 30 Bachelor's Degree 30 Master's Degree 30 Doctoral Degree - MD 30 Doctoral Degree - Other than MD 09 Technical/Hospital School 10 Other _____			